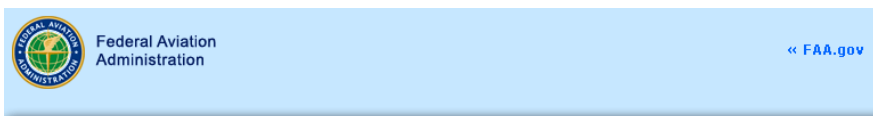


# USER'S GUIDE

*for the*

## AEROSPACE MEDICAL CERTIFICATION SUBSYSTEM (AMCS)



### AMCS

#### Aerospace Medical Certification Subsystem

By completing the log-in below, I am affirming that I will safeguard all Sensitive Personally Identifiable Information (SPII), as defined in the DOT Information Technology and Information Assurance Policy 2006-22(Revision 1), Implementation of DOT's Protection of Sensitive Personally Identifiable Information (SPII). SPII is information that if released for unauthorized use is likely to result in substantial harm to the individual to whom such information relates.

SPII means the first and last name, home address and telephone number of an individual, in combination with any of the following related to the individual: Social Security Number (this is SPII on its own); Driver's License/State Issued Identification Number; Taxpayer Identification Number; Financial Information; Security Code; Access Code; Password; Personal Identification Number; Medical Information protected under the Health Insurance and Portability Accountability Act; Biometrics; and Investigations, including a report or database which contains sensitive information which can link an individual to any item above.

**Login**

User name:

Password:

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**Prepared for: The Department of Transportation, Federal Aviation Administration,  
Office of Aerospace Medicine, Washington, DC 20591**

**Prepared by: Northrop Grumman**



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## INTRODUCTION

The Aerospace Medical Certification Subsystem (AMCS) is an integrated and standard system designed to vastly improve and simplify the processing of applicant medical certification information. One of the primary goals of the AMCS is to allow all AMEs to enter the Form 8500-8 application information directly into the system via the Internet. AMEs will be assigned an AMCS username and password by the FAA. AMEs will access the AMCS Internet application by connecting to the AMCS Login Page at <https://medxpress.faa.gov/loginnet/Login.aspx?app=AMCS>.

This document discusses the system requirements for accessing the AMCS Internet application and provides the instructions necessary to walk the user through the data entry and submission process.

## AME SYSTEM REQUIREMENTS

The AME is responsible for establishing and maintaining the Internet access for their office. This includes signing up with an Internet Service Provider (ISP) (e.g. AOL, CompuServe, etc.). While the FAA cannot endorse any particular ISP, it is recommended that the AME sign-up with one that will be able to provide Internet access at the required speeds with as few service interruptions or connection difficulties as possible. It is important to note that while the ISP and operating systems utilized are up to the user, the only web browsers that may be used are Microsoft Internet Explorer® (version 5.0 or higher) and Netscape® (version 6.0 or higher). These web browsers support the required 128-bit encryption that is utilized by the FAA as a security measure. If you do not have one of these browsers installed, you will not be granted access to the AMCS Internet web site. These browsers are available for download from the Internet.

AMEs will also find that although their existing computer system may be able to access the AMCS web site, performance will be greatly improved with a computer containing a faster processor (233 MHz or higher), a faster modem (preferably 56K), and additional RAM (64 – 128 MB).

## AMCS INTERNET APPLICATION

AMEs may access the AMCS Internet application by going directly to the [AMCS Login Page](#) or by going to the FAA website <http://www.faa.gov> and selecting the following hyperlinks.

From the FAA's home page, click on the **Licenses & Certificates** tab at the top of the page. From the Licenses & Certificates page, click on the **Medical Certification** link located on the left side of the screen or listed below the Top Requests subject title. From the Medical Certification page, click on the **Aerospace Medical Certification Subsystem (AMCS) Online Support** link located below the Aviation Medical Examiners subject title. This will take you to the [AMCS Online Support](#) page.

The Aerospace Medical Certification Subsystem (AMCS) Online Support page provides important notices about policy changes and update information concerning use of the application or enhancements made to the application. The online support page also provides an AMCS/DIWS Login hyperlink and hyperlinks relating to general information, support and security.

Clicking on the [AMCS/DIWS Login](#) hyperlink will take you to the AMCS Login Page.

## **Pop-Up Blockers and Cookies**

Pop-Up Blockers must be disabled and Cookies must be enabled in order for the AMCS Internet application to function properly.

## **Internet Connection Issues**

In the event that you lose Internet connectivity prior to transmitting, the information that was previously saved will be stored in the database. Any data that had not been saved must be re-entered. For example, if you entered data on page 1 of the Form 8500-8 Data Entry screens and saved, then began entering data on page 2 when the Internet connection was terminated, all of the information on page 1 will remain in the database. Therefore, upon logging back into the system, you should search for the airman again and select the pending application for that airman, which will have a status of '**P**'. All of the saved data will be present and you should proceed to the page of the Form 8500-8 Data Entry screens that you were on when the Internet connection was lost and continue the data entry process.

### **NOTE**

This web site is best viewed using a screen resolution of 1024 x 768. If your monitor or video display adapter cannot handle this resolution, you will still be able to view all of the pages. You will have to utilize the vertical scroll bar on the right-hand side of the window in order to view the information that is on the bottom of the screens.

## **Technical Support**

For technical support questions please contact the AMCS Help Desk at (405) 954-3238.

## AMCS LOGIN

Locate the URL for AMCS with your browser and type in your *User Name* and *Password*. Strike **<Enter>** or click the **Login** button. You will be taken to either the AMCS Messaging Home Page or to the AMCS Pending Exams screen.

 Federal Aviation  
Administration« [FAA.gov](#)

### AMCS

#### Aerospace Medical Certification Subsystem

By completing the log-in below, I am affirming that I will safeguard all Sensitive Personally Identifiable Information (SPII), as defined in the DOT Information Technology and Information Assurance Policy 2006-22(Revision 1), Implementation of DOT's Protection of Sensitive Personally Identifiable Information (SPII). SPII is information that if released for unauthorized use is likely to result in substantial harm to the individual to whom such information relates.

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Login

User name:

Password:

Login

Change Password

WARNING: This is a Federal Aviation Administration (FAA) computer system. FAA systems, including all related equipment, networks, and network devices (specifically including Internet access) are provided for the processing of official U.S. Government information. Unauthorized access or use of this computer system may subject violators to criminal, civil, and/or administrative action. All information on this computer system may be intercepted, recorded, read, copied, and disclosed by and to authorized personnel for official purposes, including criminal investigations. Access or use of this computer system by any person, whether authorized or unauthorized, constitutes consent to these terms.

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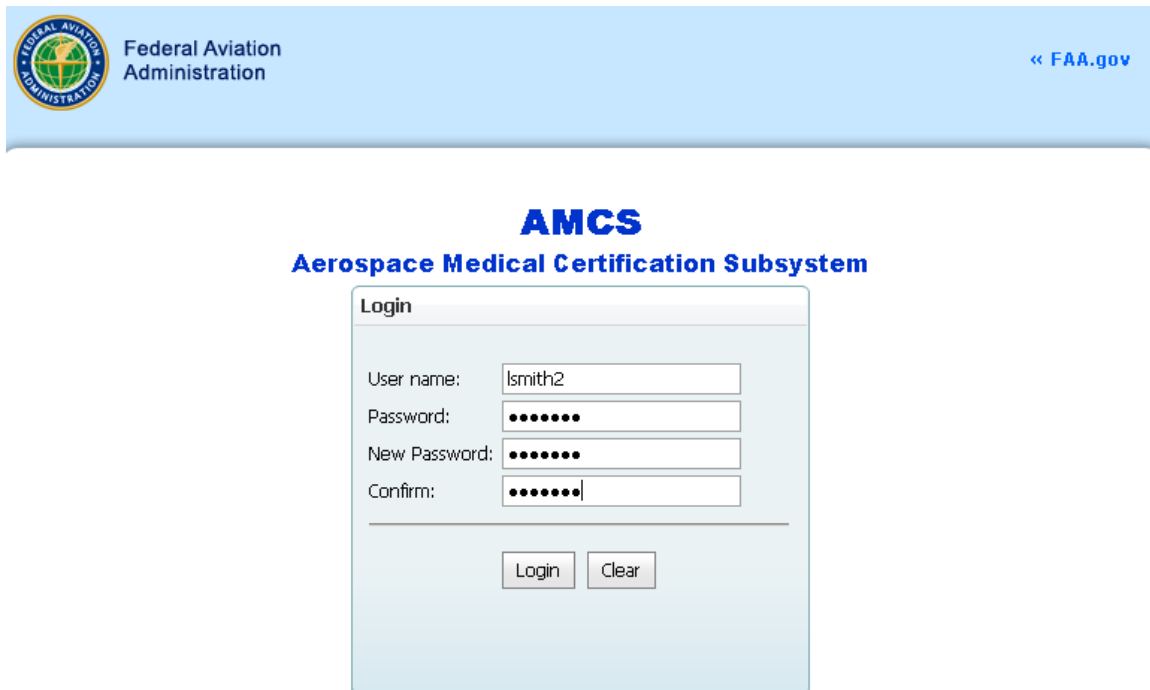
Readers & Viewers: [PDF Reader](#)

### AMCS Login Screen

## Change Password

AMCS passwords will expire every 90 days. If your account has expired you will be taken directly to the Change Password screen after your login attempt. To change your password click on the **Change Password** button on the Login screen.

The Login window will expand to include **New Password** and **Confirm** text boxes.



Federal Aviation Administration

« FAA.gov

### AMCS

#### Aerospace Medical Certification Subsystem

Login

User name:

Password:

New Password:

Confirm:

Login Clear

### ***Change Password Screen***

Enter a new password of your choice. Passwords must be at least eight characters in length and must use three of the four following different character types:

- Uppercase alphabetic characters (A-Z)
- Lowercase alphabetic characters (a-z)
- Numeric characters (0-9)
- Non-alphanumeric characters (\*#&%@~^)

Password characters may not be repeated more than two times (Valid: PPassword1 – Not Valid: PPPassword1).

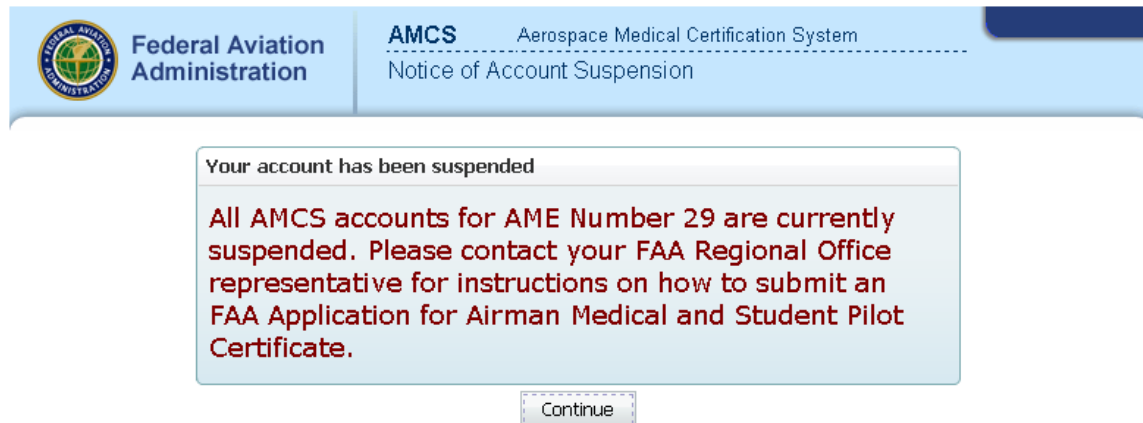
The system will maintain the last five passwords and not allow you to use any password that you have used in the past five changes. ***IMPORTANT: Login accounts will be locked out for twenty minutes after three failed attempts to login to AMCS.***

Enter your new password in both areas and strike **<Enter>** or click the **Login** button. Your password will be changed and you will be logged onto to AMCS.



## Notice of Account Suspension

An AME whose status is inactive will no longer be able to log on to AMCS. An inactive AME, or a member of that AME's staff attempting to log on to AMCS will be presented with a "Notice of Account Suspension" screen and should contact their FAA Regional Office representative for the appropriate instructions on how to proceed.



### ***Notice of Account Suspension Screen***

## PENDING EXAMS SCREEN

This screen displays the exams performed by the AME's office that are in pending status. Exams can be sorted by Applicant ID, Exam Date, SSN, Last Name, First Name or Middle name by clicking on the appropriate column header.

AMCS Search Applicants Pending Exams Import Application Help Logout							
Pending Exams							
Applicant ID	Exam Date	SSN	Last Name	First Name	Middle Name		
2001246383			MCDONALD	DUSTIN	PAUL	Open	Delete Print
1999239735			MCDUGALL	MARSHA	ANN	Open	Delete Print
2001526761			MCDOWELL	WALTER	JAMES	Open	Delete Print
2001600488			MCGINNYPYG	FRANCIS	charles	Open Exam HX	Delete Print
2001597053			MCGINNYPYG	FRANCOIS		Open	Delete Print
2001420134	06/19/2008		MCGINNYPYG	FRANK		Open	Print
2001307540	05/15/2008		MCGINNYPYG	FRANK		Open	Print
2001525153	05/15/2008		MCGINNYPYG	FRANKIE	f	Open	Print
2001597032	01/26/2009		MCGINNYPYG	MONTIE		Open	Print
1998053902			MCGOWEN	NORMAN	ADELL	Open	Delete Print
2001460464			MCLAIN	PATTY	JEAN	Open	Delete Print
1997075386			MCLEAN	ANDREW	MICHAEL	Open	Delete Print

### Pending Exams Screen

#### Functions:

**SEARCH APPLICANTS TAB** - Select this tab to go to the Search Applicants screen.

**IMPORT APPLICATION TAB** - Select this tab to go to the Import Application screen.

**OPEN** - Clicking on the *Open* link will take you to the first page of the 8500-8 Data Entry screens for the corresponding exam.

**EXAM HX** - Clicking on the *Exam HX* link will display a Pre-Exam Report for the exam. This link will only display for exams submitted via the FAA's MedXPress system.

**DELETE** - Clicking on *Delete* will launch the Delete Pending screen, where a *Delete Reason* must be selected in order to delete the related exam information from the AMCS. This link will disappear if certificate is printed using the Quick Cert feature on Page 1 of the 8500-8 Data Entry screens, but the exam was not submitted.

AMCS

Please select a reason for deleting this pending exam from the list below.


Delete Reason:

Incomplete exam. The FAA Original Copy will be mailed.  
Exam started under the wrong AME.  
Started entering exam information under the wrong airman.  
Duplicate record started. Exam already in the system.  
Other

Delete
Close Window

**PRINT** - Clicking on *Print* will display the exam in PDF format for viewing and printing.

**HELP**  - Provides information about the screen's functionality.

**LOGOUT**  - Logs you out and returns you to the Login screen.

## SEARCH APPLICANTS SCREEN

From this screen you can search for an existing applicant in order to add an exam to the applicant's record or to review the applicant's previous exams or you can add an exam for a new applicant.

The Search Applicants screen requires you to perform a search by entering at a minimum a Last Name, First Initial and Date of Birth. Other information such as an SSN, Applicant ID, or PI Number may be entered as well. Performing a search will determine if the applicant currently exists in the system and will display the applicant's exam information.

AMCS Search Applicants Pending Exams Import Application Help Logout

All searches require entry of at least a Last Name, First Initial and Date of Birth. Enter the required criteria along with any other information you may choose and click **Search**.

SSN:  (#s only) Applicant ID:  PI Number:  Date of Birth: 04/20/1969 (mm/dd/yyyy)

Last Name: mcginnypig First Name: f Middle Name:

Search Clear

Create Applicant

Applicant ID	PI Number	SSN	Last Name	First Name	Middle Name	Birth Date
2001612883		****0746	MCGINNYPIG	FRANCO		04/20/1969
2001617596		****8391	MCGINNYPIG	FRANK		04/20/1969

Add Exam

Exam Date	MID	Class Issued	Street	City	State	Sts
09/30/2009	200004461401	Class 3, Special Authorization with Interim Issuance	2424 West 24th	Mesa	AZ	A AASI
09/14/2008	Pending	Class 3, Special Authorization with Interim Issuance	123 Main	Chantilly	VA	P Delete
12/17/2007	200003663894	Class 3, Special Authorization with Interim Issuance	123 STREET (PROD)	HOLLYWOOD	CA	A
11/01/2007	200003619238	Class 2, Clear	123 STREET	HOLLYWOOD	CA	A
10/26/2006	200003073289	Class 2, Special Restriction	123 STREET	HOLLYWOOD	CA	A
09/01/2006	200002615549	Class 3, Clear	AFEER	HOLLYWOOD	CA	A
05/30/2005	200002469321	AME Deferred, Review Pending	afeer	Hollywood	CA	A
09/14/2003	200001699729	Class 2, Special Restriction	1801 PENNINGTON CIRCLE	CHOCTAW	CA	A

### Search Applicants Screen

## No Matching Records

If your search does not return any records for any existing applicants, you should verify the search criteria were entered properly. If the information was entered incorrectly, re-enter the search criteria. If upon reviewing the information that was entered you determine that it was not entered incorrectly, you should click on the **Create Applicant** button to add an exam for a new applicant. The Certificate/Form No. entry page will display where either an FF or GG series form may be selected and where the certificate number must be entered before you will be allowed to continue to the first page of the 8500-8 Data Entry screens so that the exam information may be entered.

AMCS Help Logout

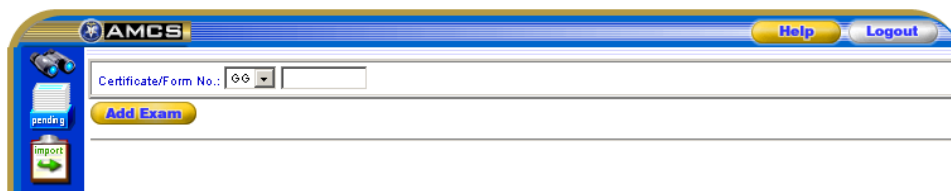
Certificate/Form No.: GG

Add Exam

pending import

## Found Applicants

If you select an existing applicant that was retrieved during your search, when you click on the **Add Exam** button to the right of the applicable Applicant ID number you will proceed to the Certificate/Form No. entry page where either an FF or GG series form may be selected and where the certificate number must be entered before you will be allowed to continue to the first page of the 8500-8 Data Entry screens so that the exam information may be entered.



## Found Exams

### NOTE

MID links are only enabled if that particular exam was performed by the AME logged in or by someone in that AMEs' office.

To view a particular exam, click on the MID number of the exam you wish to view. If the exam Status is '**A**', the exam was completed and a summary of the Form 8500-8 will be presented. If the exam Status is '**P**', the exam was started, but not completed and the Form 8500-8 Data Entry screens will launch with all information previously entered and saved displayed in the appropriate fields.

### Functions:

**PENDING EXAMS TAB** - Select this tab to go to the Pending Exams screen.

**IMPORT APPLICATION TAB** - Select this tab to go to the Import Application screen.

**SSN** - Enter applicant's social security number.

**APPLICANT ID** - Enter applicant's applicant ID number.


**PI NUMBER** - Enter applicant's PI number.

**DATE OF BIRTH** - Enter applicant's date of birth in the (MM/DD/YYYY) format. *(REQUIRED)*


**LAST NAME** - Enter applicant's last name. *(REQUIRED)*

**FIRST NAME** - Enter applicant's first name or first initial. *(REQUIRED)*


**MIDDLE NAME** - Enter applicant's middle name.

**SEARCH**  - Starts the search for applicant based on the criteria selected.

**CLEAR**  - Clears the search fields.

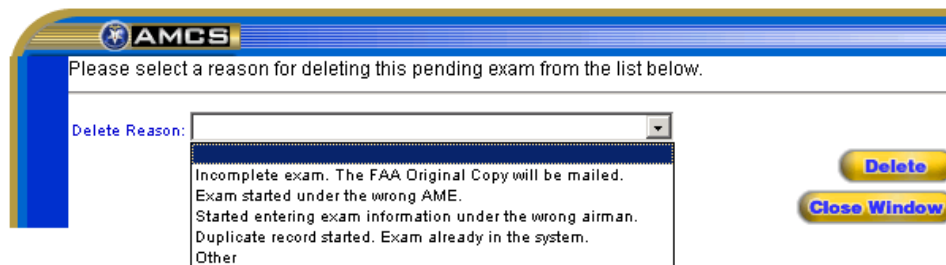
**CREATE APPLICANT**  - Takes you to the first page of the Certificate/Form No. entry page.

**APPLICANT ID** - Clicking on an Applicant ID number under the **Found Applicants** section will display all of the exams for that applicant under the **Found Exams for Highlighted Applicant** section at the bottom of the screen.

**ADD EXAM**  - This button is located under the **Found Applicants** section. Clicking on this button takes you to the Certificate/Form No. entry page.


**MID** - Clicking on a MID number under the **Found Exams for Highlighted Applicant** section will display a summary of the Form 8500-8 if the status of the exam is listed as '**A**'. If the status of the exam is listed as '**P**', clicking on "Pending" under the MID number will launch the Form 8500-8 Data Entry screens for that particular exam with the information previously entered and saved displayed in the appropriate fields.

**DELETE** - Clicking on *Delete* beside an exam status listed as '**P**' will launch the Delete Pending screen, where a *Delete Reason* must be selected in order to delete the related exam information from the AMCS. This link will disappear if certificate was printed using the Quick Cert feature on Page 1 of the 8500-8 Data Entry screens, but the exam was not submitted.



**AASI** - Clicking on the *AASI* link beside an exam status listed as '**A**' will launch the AASI Medical Certificate screen where an AME Assisted Special Issuance (AASI) medical certificate can be issued and printed.

**HELP**  - Provides information about the screen's functionality.

**LOGOUT**  - Logs you out and returns you to the Login screen.

## AASI MEDICAL CERTIFICATE

This screen is launched when you click on the **AASI** link on the bottom half of the Search Applicants screen and allows for the issuance of an AME Assisted Special Issuance medical certificate when the conditions listed at the bottom of the screen have been met.

**Federal Aviation Administration** **AMCS** Aerospace Medical Certification System  
AASI Medical Certificate

**Current** (selected)  
◦ AASI Cert.  
**Exams**  
◦ Pending  
◦ Search  
◦ Import  
**AMCS**  
◦ Help  
◦ Logout

**Personal Information**

Name, First: FRANK Middle: CHARLES Last: MCGINNYPIC Suffix: gggg

Street Address: 2424 West 24th

City: Mesa State: AZ Zip Code: 852072074

Country: USA

Date of Birth: 7/15/1973 Sex: Male

Hair Color: BLOND Eye Color: GREEN Height: 72 Weight: 180

**Certificate Information**

Form Number: gg9987989 Exam Date: 9/30/2009 Class: THIRD

**Limitations**

Not valid for any class after date: 9/30/2011

**Confirmation**

By checking this box, you are certifying that:

- The applicant presented his/her AASI letter of authorization.
- The applicant's letter is current.
- The applicant presented all required forms/reports as defined in the AASI letter of authorization.
- The applicant's medical condition identified by the AASI letter of authorization has not adversely changed.

☒ I understand and agree that the above conditions have been met.

Preview Certificate

### AASI Medical Certificate Screen

The *Not valid for any class after date* field is the only updateable field. The date entered cannot exceed the last day of the month of the current exam's expiration date and cannot be greater than 24 months from the last day of the current month. Once the appropriate date has been entered, check the confirmation box at the bottom of the screen to indicate the conditions for AASI have been met. Click on the **Preview Certificate** button.

## AASI MEDICAL CERTIFICATE PREVIEW

Clicking on the **Preview Certificate** button on the AASI Medical Certificate screen will launch this screen. If the certificate is accurate, click on the **Print Certificate** button and make the necessary print selections. Once the certificate has printed, select where in AMCS you would like to return to using the links on the left side of the page.

**Federal Aviation  
Administration**

AMCS Aerospace Medical Certification System  
Medical Certificate - Preview

Current  
◦ AASI Cert.

Exams  
◦ Pending  
◦ Search  
◦ Import

AMCS  
◦ Help  
◦ Logout

Certificate Sample

UNITED STATES OF AMERICA  
**Department of Transportation**  
Federal Aviation Administration

**MEDICAL CERTIFICATE THIRD CLASS**

This certifies that *(Full name and address):*  
FRANK CHARLES MCGINNYPIC gggg  
2424 West 24th  
Mesa AZ 852072074 USA

Date of Birth	Height	Weight	Hair	Eyes	Sex
07/15/1973	72	180	BLOND	GREEN	M

has met the medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate.

Limitations  
Not valid for any class after 9/30/2011.

Date of Examination 09/30/2009	Examiner's Designation No. 50391
Signature	
Typed Name JOHN S BARTON III, DO	
AIRMAN'S SIGNATURE	
Applicant ID: 2001261306	Control No.: 200004461401

FAA Form 8500-9 (9-09) Supersedes Previous Edition NSN: 0052-00-670-1002

Print Certificate

### ***AASI Medical Certificate Preview Screen***

## IMPORT APPLICATION SCREEN

This screen allows an AME to search for exam application information entered by an applicant via the FAA's MedXPress system. The applicant will provide the number for the AME to enter into the Confirmation No. field. The exam information matching the confirmation number will display below the **Search** button. If there are applicants in the DIWS that are potential matches they will be listed along with the new applicant option. If there are no current applicant exams found that match the confirmation number you will receive a message stating so.

To search for an exam that was entered through MedXPress, type the applicant's confirmation number and click Search.

Confirmation No.:

**Search** **Clear**

MedXPress ID	SSN	Last Name	First Name	Middle Name	Birth Date
10587	*****7351	MCGINNYPIC	FRANK	CHUCK	04/20/1970

If this applicant matches one of the following, select the appropriate button and click Process Selection. If this is a new applicant, select the New Applicant button and click Process Selection. If this applicant has had a prior exam and cannot be located in the list, please call AMCS Support at 405-954-3238.

Select	Applicant ID	SSN	Last Name	First Name	Middle Name	City	State	Birth Date
<input type="radio"/>	2001420194	*****0185	MCGINNYPIC	FRANK		Salt Lake City	UT	04/20/1970
<input checked="" type="radio"/>	New Applicant (Select this option <u>ONLY</u> if this applicant has not had a previous exam.)							

Confirmation No.:  **Process Selection**

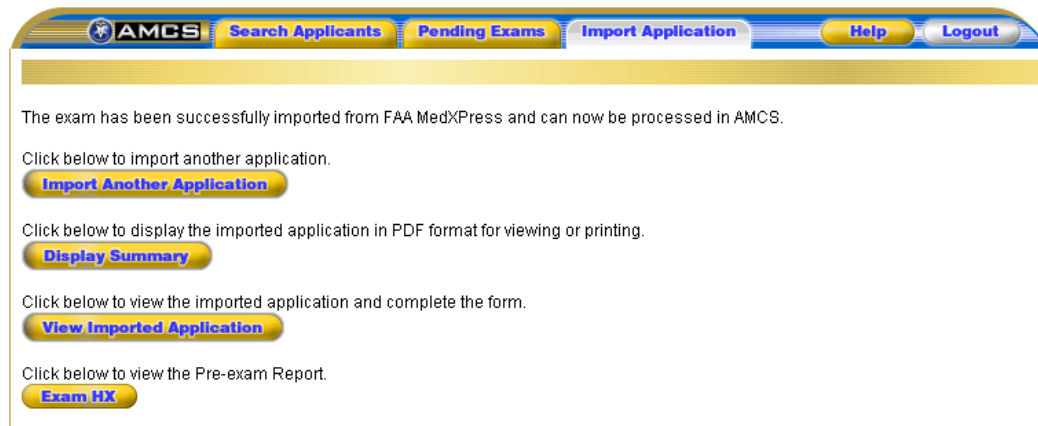
### *Import Application Screen*

Select the radio button that applies and click on the **Process Selection** button. The exam application information entered via the FAA MedXPress will import into the AMCS and is ready for you to perform the applicant's exam and enter the remainder of the applicant's exam information.

**\*\*\*IMPORTANT\*\*\*** Exams entered as FF-series exams will be converted to GG-series upon import. You will receive a message upon import stating that the exam was converted after submission and will require answers to questions 18.v and 18.y.



A screen will display giving you the option of importing another application, displaying the application you just imported in PDF format, viewing the application you just imported in the 8500-8 Data Entry screens so you may enter the remainder of the exam information or viewing a pre-exam report for the applicant.



Clicking on the **Import Another Application** button will return you to the Import Application Search screen so that you may import another application.

Clicking on the **Display Summary** button will create a PDF version of the imported application for viewing or printing.

Clicking on the **View Imported Application** button will take you to first page of the Form 8500-8 Data Entry screens for the associated applicant so the remainder of the applicant's exam information can be entered.


Clicking on the **Exam HX** button will create an pre-exam report for the applicant.

## Functions:


**SEARCH APPLICANTS TAB** - Select this tab to go to the Search Applicants screen.


**PENDING EXAMS TAB** - Select this tab to go to the Pending Exams screen.


**HELP**  - Provides information about the screen's functionality.

**LOGOUT**  - Logs you out and returns you to the Login screen.

**CONFIRMATION NO.** - Enter the confirmation number provided by the applicant.

**SEARCH**  - Starts the search for the exam matching the confirmation number entered.

**CLEAR**  - Clears the confirmation number field.

**PROCESS SELECTION**  - Imports the FAA MedXPress application into the AMCS.

## FORM 8500-8 DATA ENTRY SCREENS

The Form 8500-8 Data Entry screens are presented on four separate pages. Each field displays a blue "?", red "X" or a green "Ok" beside it. The "?" indicates that the information has not yet been validated. The "OK" indicates that the information has been validated and that information entered is acceptable. The "X" indicates that a required field was left blank or that an error was found with the information entered into a field during validation. Holding your mouse over the "X" will display text describing what is required or what the validation on that field consists of. Clicking on the "Ok" or the "X" will take you to the text in the Guide for Aviation Medical Examiners that explains the type of information that belongs in that particular field.

AMCS Help Logout

Ok Exam Type: Pilot (non FAA) - Airman, Student Pilot, Non-FAA Air Traffic Controller, etc.

Ok AME Serial Number: 29

Ok 1. Application For: ☒ Airman Medical Cert. ☐ Airman Medical & Student Pilot Cert. Ok 2. Class of Medical Cert.: ☒ 1st ☐ 2nd ☐ 3rd

Ok 3. Last Name: MCGINNYPIC Ok First Name: FRANK Ok Middle Name: Chuck Ok Suffix: Jr

Ok 4. SSN: 888-05-7349 ☒ International/Declined to Submit (An SSN will be generated by the system)

Ok 5. Address: 4424 North Pole Road Ok Telephone Number: 444-555-7777

X City: Midwest City Ok State: OK Ok Country: USA Ok Zip Code: 73160

Ok 6. Date of Birth: 04/20/1970 Ok 7. Hair Color: BLOND Ok 8. Eye Color: GREEN Ok 9. Sex: ☒ Male ☐ Female

Ok Citizenship: USA

Ok 10. Type of Airman Certificate(s) You Hold:

☒ None ☐ ATC Specialist ☐ Flight Instructor ☐ Recreational

☐ Airline Transport ☐ Flight Engineer ☐ Private ☐ Other

☐ Commercial ☐ Flight Navigator ☐ Student

Ok 11. Occupation: Project Manager Ok 12. Employer: NG

Ok 13. Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended, or Revoked? ☐ Yes ☒ No Ok If yes, give date:

Total Pilot Time (Civilian Only)

Ok 14. To Date: 100 Ok 15. Past 6 months: 45 Ok 16. Date of Last FAA Medical Application: Ok ☒ No Prior Application

Ok 17.a. Do You Currently Use Any Medication (Prescription or Nonprescription)? ☐ Yes ☒ No

**For each medication prescribed, enter medication information and click the Add button. Medication Name is required, all other fields are optional.**

Medication Name: Applicant Spelling if Incorrect:

Dosage: Dosage Unit: Frequency: Previously Reported: ☐ Yes ☒ No

Add

Medication	Dosage Amount	Dosage Unit	Frequency	Previously Reported


**Form 8500-8 Data Entry Screens (Sample)**


## Form 8500-8 Data Entry Screen Page 1

Page 1 of the Form 8500-8 Data Entry screens was designed to resemble the front page of the hardcopy FAA Form 8500-8.


### FUNCTIONS:


**Data Entry** - Instructions for the individual data entry fields on Page 1 of the data entry screens follow.


**Search Icon**  - Takes you to the Search Applicants screen where you can choose whether to add an exam for a new applicant or search for an existing applicant in order to add an exam to the applicant's record or to review the applicant's previous exams.

**Pending Icon**  - Takes you to the Pending Exams screen, which displays exams performed by the AME's office in a pending status.


**Import Icon**  - Takes you to the Import Application screen, where you can search for exam application information entered by an applicant via the FAA's MedXPress system.


**Page 1 Icon**  - This icon, when displayed in blue, indicates that you are on page 1 of the data entry screens.


**Page 2 Icon**  - Selecting this icon, when displayed in green, will save any newly entered or updated information and take you to page 2 of the data entry screens.

**Comments Icon**  - Takes you to the Comments page where you can enter comments for Yes radio button selections for Item 18, Medical History, selections a. thru y; for *Abnormal* radio button selections made for the Physical Findings, Items 25 thru 48; and for out of range or abnormal results for items 17.a., 17.b., 19, 49, 50, 51.a., 51.b., 52 thru 57 and 59.


**IMPORTANT:** A section for comments when an AME makes modifications to information on page 1 of an application imported via the FAA MedXPress is provided. An AME must enter a comment for each modification before the exam can be submitted.


**Page 3 Icon**  - Selecting this icon, when displayed in green, will save any newly entered or updated information and take you to page 3 of the data entry screens.


**Validate Icon**  - Selecting this icon will save any newly entered or updated information, validate that information and display a list of errors if applicable.

**Certificate Icon**  - Selecting this icon will launch the Medical Certificate Quick Print screen that allows you to fill in the required information and issue a certificate prior to entering and submitting the exam information. Once a certificate has been printed for a particular exam, the button will no longer appear as part of Page 1 for that exam.


**Set All Blank Items in A thru Y to No**  - Sets all of the blank radio button selections for the Medical History, Item 18, selections a. thru y. to *No*.

**Set All No Items in A thru Y to Blank**  - Sets all of *No* radio button selections for the Medical History, Item 18, selections a. thru y. to *Blank*. *Yes* selections will remain selected.

**Save**  - Selecting this button will save any newly entered or updated information.

**Next Page**  - Selecting this button will save any newly entered or updated information and take you to page 2 of the data entry screens.

**Help**  - Provides information about the screen's functionality.

**Logout**  - Logs you out and returns you to the Login screen.

## MEDICAL CERTIFICATE QUICK PRINT

This screen is launched when the **Cert** icon on Page 1 of the Form 8500-8 Data Entry screens is selected.

The screenshot displays the 'Medical Certificate Quick Print' interface within the 'Aerospace Medical Certification System (AMCS)'. The header includes the Federal Aviation Administration logo and the system name. A left-hand navigation menu lists options: Current (selected), Page 1, Page 2, Comments, Page 3, Quick Cert, Exams, Pending, Search, Import, AMCS, Help, and Logout. The main content area is divided into three sections: 'Personal Information', 'Certificate Information', and 'Limitations'. The 'Personal Information' section contains fields for Name (First: FRANKIE, Middle: CHUCKIE, Last: MCGINNYPYG, Suffix: ), Street Address (4444 SW 4TH), City (OKLAHOMA CITY), State (OK), Zip Code (73165), Country (USA), Date of Birth (4/20/1972), Sex (Male), Hair Color (BLOND), Eye Color (GREEN), Height, and Weight. The 'Certificate Information' section includes Type (Medical and Student Pilot Certificate), Class (FIRST), Form Number (GX0000001), and Exam Date. The 'Limitations' section features a list of checkboxes for various conditions, all of which are currently unchecked. A red warning message states: 'Please do not enter a date in this field unless the airman has a special issuance.' Below this, there is a field for 'Not valid for any class after date:'. At the bottom center, there is a 'Preview Certificate' button.

**Personal Information**

Name, First: FRANKIE Middle: CHUCKIE Last: MCGINNYPYG Suffix:

Street Address: 4444 SW 4TH

City: OKLAHOMA CITY State: OK Zip Code: 73165

Country: USA

Date of Birth: 4/20/1972 Sex: Male

Hair Color: BLOND Eye Color: GREEN Height: Weight:

**Certificate Information**

Type: Medical and Student Pilot Certificate Class: FIRST

Form Number: GX0000001 Exam Date:

**Limitations**

☐ None

☐ Must have available glasses for near vision.

☐ Must wear corrective lenses.

☐ Must wear corrective lenses for near and distant vision.

☐ Must wear lenses for distant, have glasses for near vision.

☐ Must wear prismatic correction.

☐ Must use hearing amplification.

☐ Must wear artificial limb.

Please do not enter a date in this field unless the airman has a special issuance.

Not valid for any class after date:


Preview Certificate

### Medical Certificate Quick Print Screen

Some fields will automatically populate with the applicable information from Page 1. Information entered such as Weight, Height, Form Number, Exam Date, Limitations, etc. will be saved into the applicable fields of the 8500-8 data entry screens. The Form Number field will automatically populate with an FX-\*\*\*\*\* computer generated number if the exam was transmitted via the FAA's MedXPress system. If the exam information is being entered from the AME's office the FF-\*\*\*\*\* number from the paper 8500-8 form should be entered. The Form Number will print on student certificates. Once all required information is entered, click on the **Preview Certificate** button.

## MEDICAL CERTIFICATE PREVIEW

Clicking on the **Preview Certificate** button on the Medical Certificate Quick Print screen will launch this screen. If the certificate is accurate, click on the **Print Certificate** button and make the necessary print selections. Once the certificate has printed, select where in AMCS you would like to return to using the links on the left side of the page.

**Federal Aviation  
Administration**

**AMCS** Aerospace Medical Certification System  
Medical Certificate - Preview

**Current**

- Page 1
- Page 2
- Comments
- Page 3
- Quick Cert

**Exams**

- Pending
- Search
- Import

**AMCS**

- Help
- Logout

**Certificate Sample**

UNITED STATES OF AMERICA <b>Department of Transportation</b> Federal Aviation Administration		<b>GX-0000001</b>			
<b>MEDICAL CERTIFICATE FIRST CLASS AND STUDENT PILOT CERTIFICATE</b>					
This certifies that <i>(Full name and address)</i> : FRANKIE CHUCKIE MCGINNYPIC 4444 SW 4TH OKLAHOMA CITY OK 73165 USA					
Date of Birth	Height	Weight	Hair	Eyes	Sex
04/20/1972	72	175	BLOND	GREEN	M
has met the medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate.					
Limitations	None				
Date of Examination 08/06/2008			Examiner's Designation No. 00029		
Examiner	Signature				
	Typed Name WARREN S. SILBERMAN, DO				
<b>AIRMAN'S SIGNATURE</b>					
Applicant ID: 2001594064			Control No.: 200003859085		


FAA Form 8420-2 (9-08) Supersedes Previous Editions NSN: 0052-00-670-7002

Print Certificate

### Medical Certificate Preview Screen

## CERTIFICATE ELIGIBILITY WARNING

Each exam is validated against the applicant's medical history in the DIWS. If the applicant has had a previous exam denial, a prior exam submitted within the past 90 days, or has a pending legal action you will be presented with this warning page and will not be allowed to print a certificate.

**Federal Aviation  
Administration**

**AMCS** Aerospace Medical Certification System  
Certificate Eligibility Warning

Current  
◦ Page 1  
◦ Page 2  
◦ Comments  
◦ Page 3  
Exams  
◦ Pending  
◦ Search  
◦ Import  
AMCS  
◦ Help  
◦ Logout

**Certificate Eligibility Warning**  

Due to one or more of the following issue(s) related to this applicant, the FAA recommends that you do not issue a Medical Certificate or Student Pilot Medical Certificate. The potential issues include:

- Previous exam denial
- Prior exam submitted within the past 90 days
- Pending legal action

For additional information, please contact Medical Certification at (405)954-4821.

Return to Page 1 of Exam

### ***Certificate Eligibility Warning Screen***

## ITEMS 1 THRU 17.b.

AMCS Help Logout

Ok Exam Type: Pilot (non FAA) - Airman, Student Pilot, Non-FAA Air Traffic Controller, etc.

Ok AME Serial Number: 29

Ok 1. Application For: ☒ Airman Medical Cert. ☐ Airman Medical & Student Pilot Cert. Ok 2. Class of Medical Cert.: ☐ 1st ☐ 2nd ☒ 3rd

Ok 3. Last Name: MCGINNYPIG Ok First Name: FRANKLIN Ok Middle Name: frankie Ok Suffix: JR

Ok 4. SSN: 888-05-7350 ☒ International/Declined to Submit (An SSN will be generated by the system)

Ok 5. Address: 2424 twentyfour ave Ok Telephone Number: 123-123-1234

Ok City: oklahoma city Ok State: OK Ok Country: USA Ok Zip Code: 73169

Ok 6. Date of Birth: 01/01/1960 Ok 7. Hair Color: BALD Ok 8. Eye Color: BLACK Ok 9. Sex: ☒ Male ☐ Female

Ok Citizenship: USA

Ok 10. Type of Airman Certificate(s) You Hold:

☒ None ☐ ATC Specialist ☐ Flight Instructor ☐ Recreational

☐ Airline Transport ☐ Flight Engineer ☐ Private ☐ Other

☐ Commercial ☐ Flight Navigator ☐ Student

Ok 11. Occupation: clown Ok 12. Employer: circus

Ok 13. Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended, or Revoked? ☐ Yes ☒ No Ok If yes, give date:

Total Pilot Time (Civilian Only)

Ok 14. To Date: 150 Ok 15. Past 6 months: 3 Ok 16. Date of Last FAA Medical Application: 01/01/2006 Ok ☐ No Prior Application

Ok 17.a. Do You Currently Use Any Medication (Prescription or Nonprescription)? ☐ Yes ☒ No

**For each medication prescribed, enter medication information and click the Add button. Medication Name is required, all other fields are optional.**

Medication Name: Applicant Spelling if Incorrect: Dosage: Dosage Unit: Frequency: Previously Reported: ☐ Yes ☒ No

Add

Medication	Dosage Amount	Dosage Unit	Frequency	Previously Reported
<p>DIWS medication content is validated against licensed drug information supplied by the F.A. Davis Co. (FAD) in the Davis's Drug Guide. Click <a href="#">here</a> to view the FAD copyright notice and Disclaimer of Warranty.</p>				

Ok 17.b. Do You Ever Use Near Vision Contact Lens(es) While Flying? ☐ Yes ☒ No

### Exam Type

Select the type of exam to be performed for the applicant from the drop down list provided. Exam Type drop down selection eliminates the need for Page 0. Validation is based on the type of exam selected. **NOTE:** Drop down selections are available only to AMEs designated to perform FAA Employee exams.

### AME Serial Number

Allows AMEs designated to perform FAA Employee exams to enter or update the AME Serial Number. This was formerly done on Page 0.



### **1. Application For**

Select either the *Airman Medical Cert* or *Airman Medical & Student Pilot Cert* radio button to indicate the type of certificate being applied for.

### **2. Class of Medical Certificate**

Select either the *1<sup>st</sup>*, *2<sup>nd</sup>* or *3<sup>rd</sup>* radio button to indicate the class of certificate being applied for.

### **3. Last Name**

Enter the applicant's last name.

#### **First Name**

Enter the applicant's first name.

#### **Middle Name**

Enter the applicant's middle name.

#### **Suffix**

Enter the applicant's name suffix if applicable. Name suffixes JR, SR and roman numerals I through XVII only will be accepted. All punctuation should be omitted.

### **4. SSN**

Enter that applicant's Social Security Number, or pseudo SSN if they would prefer not to provide their SSN.

#### **NOTE**

If the applicant does not have a pseudo SSN and does not wish to provide their SSN, click on the check box next to *International/Declined to Submit*. When this option is selected, a pseudo SSN will be assigned to the applicant. The applicant should be given the SSN to use on future 8500-8 applications.

### **5. Address**

Enter the applicant's street address. When entering the applicant's street address DO NOT use any punctuation (e.g., Rolling Ave. should be entered Rolling Ave).

#### **Telephone Number**

Enter the applicant's telephone number.

**City**

Enter the applicant's city. When entering the name of the city the applicant lives in be sure that no numbers or punctuation are used if the applicant lives in the United States (e.g., St. Louis should be entered St Louis). If the applicant lives in a foreign country the city name may contain numbers, but no punctuation.

**State**

Select the applicant's state from the drop down list provided, or leave blank if international.

**Country**

This field defaults to USA. Select the applicant's country of residence from the drop down list provided, or select Other (Unknown). When selecting the applicant's State and Country, either a state or foreign country must be selected, but not both.

**Zip Code**

Enter the applicant's zip code.

**6. Date of Birth**

Enter the applicant's date of birth in the (MM/DD/YYYY) format. If applying for an Airman Medical & Student Pilot Certificate, the applicant's birthday must be at least 16 years prior to today's date. The date entered must also be a valid date, no later than today's date, and no earlier than the 19<sup>th</sup> century.

**7. Hair Color**

Select the applicant's hair color from the drop down list provided.

**8. Eye Color**

Select the applicant's eye color from the drop down list provided.

**9. Sex**

Select either the *Male* or *Female* radio button.

**Citizenship**

This field defaults to USA. Select the country the applicant is currently a citizen of.

**10. Type of Airman Certificate(s) You Hold**

Check all that apply. If None is checked, no other boxes should be checked. If Other is checked you must enter something into the text box to the right of the Other option.

**11. Occupation**

Enter the applicant's occupation.

**12. Employer**

Enter the name of the applicant's employer.

**13. Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended or Revoked**

Select either the *Yes* or *No* radio button. If *yes* is selected, you must enter the date of the denial, suspension or revocation in the (MM/DD/YYYY) format. The date entered must be a valid date, no later than today's date, and no earlier than the 19<sup>th</sup> century.

**14. Total Pilot Time (Civilian Only) To Date**

Enter the number of pilot hours (in whole numbers) to date.

**15. Total Pilot Time (Civilian Only) Past 6 Months**

Enter the number of pilot hours (in whole numbers) during the past 6 months. The number of hours listed in 15 should not exceed the number of hours listed in 14.

**16. Date of Last FAA Medical Application**

If the applicant had previous exams, this field should populate with the date of the latest exam. If this is the applicant's first application, check the **No Prior Application** check box.

**NOTE**

If 13 is "No" and 16 is blank, the **No Prior Application** box must be checked.

### 17.a. Do You Currently Use Any Medication (Prescription or Nonprescription)

Select either the Yes or No radio button. If Yes is selected, continue entering the necessary medication information.

**IMPORTANT:** If an application has been imported via the FAA MedXPress and an incorrect entry exists, the following instruction will display:

*This application contains one or more medication names that could not be validated. Please click the edit button next to the corresponding item(s) to enter the correct medication.*

1. Enter the name of the medication prescribed.

For each medication prescribed, enter medication information and click the Add button. Medication Name is required, all other fields are optional.

Medication Name:

Applicant Spelling if Incorrect:

Dosage:  Dosage Unit:  Frequency:  Previously Reported ☐

**Add**

Medication	Dosage Amount	Dosage Unit	Frequency	Previously Reported
------------	---------------	-------------	-----------	---------------------

DIWS medication content is validated against licensed drug information supplied by the F.A. Davis Co. (FAD) in the Davis's Drug Guide. Click [here](#) to view the FAD copyright notice and Disclaimer of Warranty.

2. If an exact match for the medication cannot be found in the database an error message will display and a drop down list of possible matches will be provided.

If the drug name entered is a valid drug name that should be added to the database, check the *Add Medication to Database* checkbox and click the **Add** button. Click the **Clear** button to refresh the screen.

**VALIDATION ISSUES AND ERROR MESSAGES**

An exact match for the medication name could not be found in the database. Please select the correct drug name from the drop down list below. If LISENPRIL is a valid drug name that should be added to the database, please check the 'Add Medication to Database' checkbox and click the Add button again. Click the Clear button to refresh the screen.

For each medication prescribed, enter medication information and click the Add button. Medication Name is required, all other fields are optional.

Select from the following medication list:

**LISENPRIL**  
LISINOPRIL

**Add Medication to Database** ☐

Applicant Spelling if Incorrect:


Dosage:  Dosage Unit:  Frequency:  Previously Reported: ☐ Yes ☐ No

**Add** **Clear**

Medication	Dosage Amount	Dosage Unit	Frequency	Previously Reported
------------	---------------	-------------	-----------	---------------------

DIWS medication content is validated against licensed drug information supplied by the F.A. Davis Co. (FAD) in the Davis's Drug Guide. Click [here](#) to view the FAD copyright notice and Disclaimer of Warranty.

3. Select the correct medication name.
4. If the applicant misspelled the medication on the form, the spelling the applicant used should be entered into the *Applicant Spelling if Incorrect* box.


5. Type in the Dosage Amount and select the Dosage Unit and Frequency from the drop down lists provided.
6. If the medication has been previously reported, check the check box below the Previously Reported column.
7. Click the  button. The medication and its associated dosage information will display below the appropriate column headings.

For each medication prescribed, enter medication information and click the Add button. Medication Name is required, all other fields are optional.

Medication Name:

Applicant Spelling if Incorrect:

Dosage:  Dosage Unit:  Frequency:  Previously Reported ☐



Medication	Dosage Amount	Dosage Unit	Frequency	Previously Reported	
COUMADIN	1	PILL(s)	Daily	<input type="checkbox"/>	<a href="#">Edit</a> <a href="#">Delete</a>
IMITREX	1	CAPSULE(s)	Every 12 Hours	<input type="checkbox"/>	<a href="#">Edit</a> <a href="#">Delete</a>

DIWS medication content is validated against licensed drug information supplied by the F.A. Davis Co. (FAD) in the Davis's Drug Guide. Click [here](#) to view the FAD copyright notice and Disclaimer of Warranty.

8. Repeat this procedure for each medication listed.
9. The medication and its information will populate in the comments box for block 60 so that AME can comment on the medication(s).
10. Click on the *Edit* link to update the associated medication.
11. Click on the *Delete* link to delete the associated medication from the exam.

### 17.b. Do You Ever Use Near Vision Contact Lens(es) While Flying

Select either the *Yes* or *No* radio button

## ITEM 18 – MEDICAL HISTORY

**Ok 18. Medical History - HAVE YOU EVER IN YOUR LIFE BEEN DIAGNOSED WITH, HAD, OR DO YOU PRESENTLY HAVE ANY OF THE FOLLOWING? Answer "yes" or "no" for every condition listed below (if "yes", click Add Comment to add or edit a comment).**

**Set All Blank Items in A - Y to ☒ No**

Medical History	Description	Medical History	Description
a. <input type="radio"/> Yes <input checked="" type="radio"/> No	Frequent or severe headaches	m. <input type="radio"/> Yes <input checked="" type="radio"/> No	Mental disorders of any sort: depression, anxiety, etc.
b. <input type="radio"/> Yes <input checked="" type="radio"/> No	Dizziness or fainting spell	n. <input type="radio"/> Yes <input checked="" type="radio"/> No	Substance dependence or failed a drug test ever; or substance abuse or use of illegal substance in the last 2 years.
c. <input type="radio"/> Yes <input checked="" type="radio"/> No	Unconsciousness for any reason	o. <input type="radio"/> Yes <input checked="" type="radio"/> No	Alcohol dependence or abuse
d. <input type="radio"/> Yes <input checked="" type="radio"/> No	Eye or vision trouble except glasses	p. <input type="radio"/> Yes <input checked="" type="radio"/> No	Suicide attempt
e. <input type="radio"/> Yes <input checked="" type="radio"/> No	Hay fever or allergy	q. <input type="radio"/> Yes <input checked="" type="radio"/> No	Motion sickness requiring medication
f. <input type="radio"/> Yes <input checked="" type="radio"/> No	Asthma or lung disease	r. <input type="radio"/> Yes <input checked="" type="radio"/> No	Military medical discharge
g. <input type="radio"/> Yes <input checked="" type="radio"/> No	Heart or vascular trouble	s. <input type="radio"/> Yes <input checked="" type="radio"/> No	Medical rejection by military service
h. <input type="radio"/> Yes <input checked="" type="radio"/> No	High or low blood pressure	t. <input type="radio"/> Yes <input checked="" type="radio"/> No	Rejection for life or health insurance
i. <input type="radio"/> Yes <input checked="" type="radio"/> No	Stomach, liver, or intestinal trouble	u. <input type="radio"/> Yes <input checked="" type="radio"/> No	Admission to hospital
j. <input type="radio"/> Yes <input checked="" type="radio"/> No	Kidney stone or blood in urine	x. <input type="radio"/> Yes <input checked="" type="radio"/> No	Other illness, disability, or surgery
k. <input type="radio"/> Yes <input checked="" type="radio"/> No	Diabetes	y. <input type="radio"/> Yes <input checked="" type="radio"/> No	Medical disability benefits
l. <input type="radio"/> Yes <input checked="" type="radio"/> No	Neurological disorders: epilepsy, seizures, stroke, paralysis, etc.		
<b>Arrest, Conviction and/or Administrative Action History</b>			
v. <input type="radio"/> Yes <input checked="" type="radio"/> No	History of (1) any arrest(s) and/or conviction(s) involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug; or (2) history of any arrest(s), and/or conviction(s), and/or administrative action(s) involving an offense(s) which resulted in the denial, suspension, cancellation, or revocation of driving privileges or which resulted in attendance at an educational or a rehabilitation program.		
w. <input type="radio"/> Yes <input checked="" type="radio"/> No	History of nontraffic conviction(s) (misdemeanors or felonies).		

**See Comments Page to View and Update Airman Comments for Items 18a-y.**

### 18. Medical History – Have You Ever In Your Life Been Diagnosed With, Had, Or Do You Presently Have Any Of The Following

Select either the Yes or No radio button for each of the items a. thru y. All items marked "yes" require a comment.

If all of the items on the 8500-8 application are checked as "No" you can click on the **Set All Blank Items in A - Y to ☒ No** button. Each item's No radio button will be selected.

Clicking on the **Set All ☒ No Items in A - Y to Blank** button will clear the "No" selections.


### Conviction and/or Administrative Action History

Select either the Yes or No radio button for items v. and w. The airman should be contacted if this field was left blank.

If any of the items a. thru y. were checked as "Yes" on the 8500-8 application, you must select the Yes radio button.

## Applicant Explanations

Applicant explanations that must be entered for medical history items where the Yes radio button was selected shall be entered into the bottom section of the Comments screen

Click on the  icon on the left side of the page and enter the applicant's comments in the Applicant Explanation area of the screen that will launch.

**Comments on Medical History and Abnormal Findings**  
Please enter applicant and AME comments for all "YES" answers in the Medical History section. Also, please enter AME comments for all abnormal findings of the examination. Check all items to be included in 63. Disqualifying Defects.

Item	Applicant Explanation or Item Description	AME Comment (Item 60)	Disq
Hay fever or allergy 18e			<input type="checkbox"/>
High or low blood pressure 18h			<input type="checkbox"/>
Other Tests Given 59	Comment on Other Tests		<input type="checkbox"/>

General Explanations by Airman Pertaining to Medical History:

Additional AME Comments:

Save

Previous Page

Next Page

## ITEMS 19 AND 20

Ok 19. Have you visited any health professionals within the last 3 years?: ☒ Yes ☐ No

Date of Visit (MM/YYYY):  Physician:  Street:   
 City:  State:  Zip Code:  Country:   
 Type Professional:  Reason:  [Add](#)

Date	Physician	Number/Street	City	State	Zip Code	Country	Type Professional	Reason		
12/2004	Dr. Shrek	101 Street	Edmond	OK		USA	General	sore throat	<a href="#">Edit</a>	<a href="#">Delete</a>

Ok 20. Applicant's National Driver Register and Certifying Declarations:  
 I hereby authorize the National Driver Register (NDR), through a designated State Department of Motor Vehicles, to furnish to the FAA information pertaining to my driving record. This consent constitutes authorization for a single access to the information contained in the NDR to verify information provided in this application. Upon my request, the FAA shall make the information received from the NDR, if any, available for my review and written comment. Authority: 23 U.S. Code 401, Note.

**NOTE: ALL persons using this form must sign it. NDR consent, however, does not apply unless this form is used as an application for Medical Certificate or Medical Certificate and Student Pilot Certificate.**

I hereby certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge, and I agree that they are to be considered part of the basis for issuance of any FAA certificate to me. I have also read and understand the Privacy Act statement that accompanies this form.

☒ Yes ☐ No Ok Date:

- NOTICE -  
 Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or who makes any false, fictitious or fraudulent statements or representations, or entry, may be fined up to \$250,000 or imprisoned not more than 5 years, or both. (18 U.S. Code Secs. 1001; 3571).

[Save](#) [Next Page](#)

### 19. Have You Visited any Health Professionals Within last 3 Years

Select either the Yes or No radio button. If Yes is selected, enter at a minimum, the date of the visit in the (MM/YYYY) format, the country and the reason for seeing a physician into the boxes provided. The date entered must be a valid date, no later than today's date, and no earlier than the 19<sup>th</sup> century. Information should be entered into the remaining boxes if the applicant provided the information.


Click on the [Add](#) button and the information you entered will appear under the appropriate headings underneath the [Add](#) button and the fields will clear. The Edit and Delete options that correspond with each visit allow you to update the visit information or completely delete the visit from the record.

Clicking on the Edit link will display that visit's information in the boxes provided and [Clear](#) buttons will replace the [Add](#) button. Update as necessary and click the [Update](#) button. The fields will clear, the [Add](#) button returns and the information will again appear under the appropriate headings. You may cancel the editing process by clicking the [Clear](#) button




## 20. Applicant's National Driver Register and Certifying Declarations

Select either the *Yes* or *No* radio button. If the applicant signed the form, select *Yes* and enter the date on which the form was signed in the (MM/DD/YYYY) format. The date entered must be a valid date, no later than today's date, and no earlier than the 19<sup>th</sup> century. You must enter the date if *Yes* is selected.

To proceed to Page 2 of the Form 8500-8 Data Entry screens click on the  button at the bottom right of the screen.

-OR-


Click on the  icon at the top left of the screen. Information entered on Page 1 will be saved and you will be taken to Page 2 of the Form 8500-8 Data Entry screens.


## Form 8500-8 Data Entry Screen Page 2


Page 2 of the Form 8500-8 Data Entry screens was designed to resemble the back page of the hardcopy FAA Form 8500-8.


### FUNCTIONS:


**Data Entry** - Instructions for the individual data entry fields on Page 2 of the data entry screens follow.


**Search Icon**  - Takes you to the Search Applicants screen where you can choose whether to add an exam for a new applicant or search for an existing applicant in order to add an exam to the applicant's record or to review the applicant's previous exams.

**Pending Icon**  - Takes you to the Pending Exams screen, which displays exams performed by the AME's office in a pending status.


**Import Icon**  - Takes you to the Import Application screen, where you can search for exam application information entered by an applicant via the FAA's MedXPress system.


**Page 1 Icon**  - Selecting this icon, when displayed in green, will save any newly entered or updated information and take you to page 1 of the data entry screens.

**Page 2 Icon**  - This icon, when displayed in blue, indicates that you are on page 2 of the data entry screens.


**Comments Icon**  - Takes you to the Comments page where you can enter comments for Yes radio button selections for Item 18, Medical History, selections a. thru x; for *Abnormal* radio button selections made for the Physical Findings, Items 25 thru 48; and for out of range or abnormal results for items 17.a., 17.b., 19, 49, 50, 51.a., 51.b., 52 thru 57 and 59.


**IMPORTANT:** A section for comments when an AME makes modifications to information on page 1 of an application imported via the FAA MedXPress is provided. An AME must enter a comment for each modification before the exam can be submitted.


**Page 3 Icon**  - Selecting this icon, when displayed in green, will save any newly entered or updated information and take you to page 3 of the data entry screens.


**Validate Icon**  - Selecting this icon will save any newly entered or updated information, validate that information and display a list of errors if applicable.

**Set All Blank Items in 25 thru 48 to Normal**  - Sets all of the blank radio button selections for Physical Findings, Items 25 thru 48 to *Normal*.


**Set All Normal Items in 25 thru 48 to Blank**  - Sets all *Normal* radio button selections for Physical Findings, Items 25 thru 48 to *Blank*. *Abnormal* selections will remain selected.

**Save**  - Selecting this button will save any newly entered or updated information.

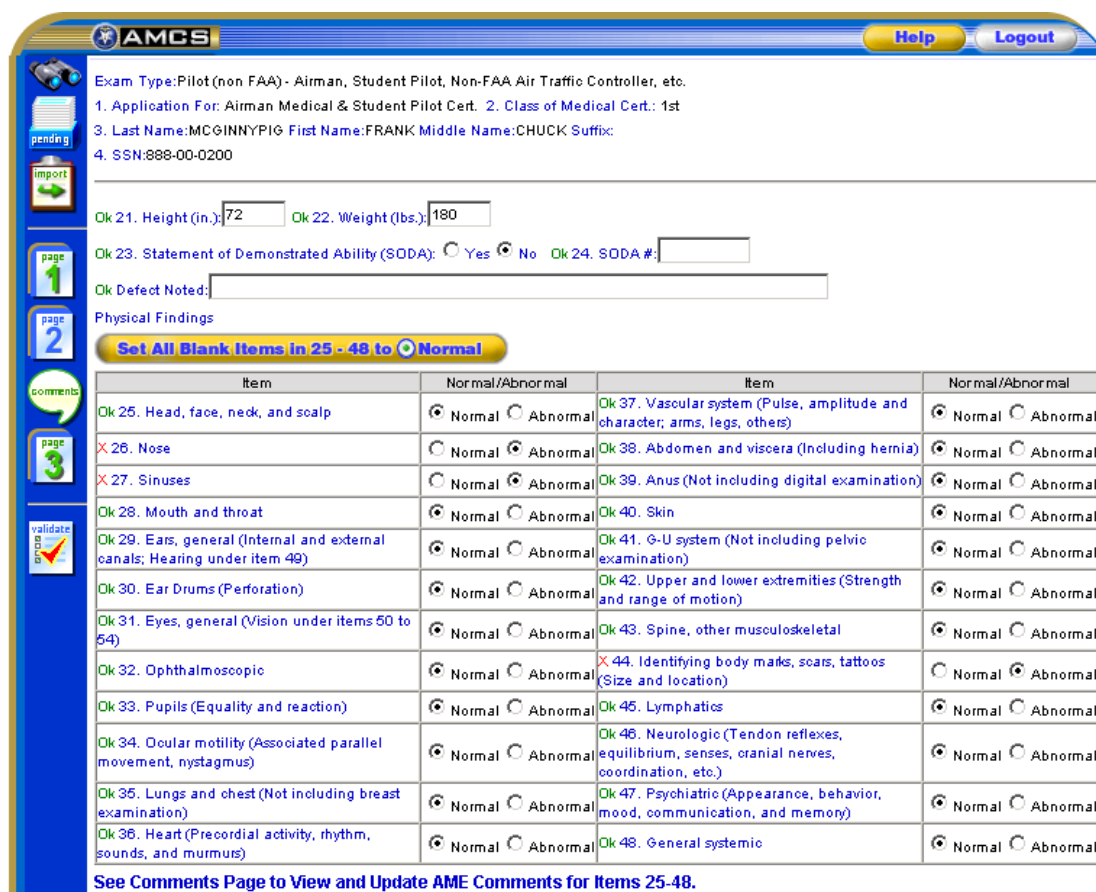
**Previous Page**  - Selecting this button will save any newly entered or updated information and take you back to page 1 of the data entry screens.

**Next Page**  - Selecting this button will save any newly entered or updated information and take you to page 3 of the data entry screens.

**Help**  - Provides information about the screen's functionality.

**Logout**  - Logs you out and returns you to the Login screen.

## ITEMS 21 THRU 48



Exam Type: Pilot (non FAA) - Airman, Student Pilot, Non-FAA Air Traffic Controller, etc.

1. Application For: Airman Medical & Student Pilot Cert. 2. Class of Medical Cert.: 1st

3. Last Name: MCGINNYPIG First Name: FRANK Middle Name: CHUCK Suffix:

4. SSN: 888-00-0200

Ok 21. Height (in.):  Ok 22. Weight (lbs.):

Ok 23. Statement of Demonstrated Ability (SODA): ☐ Yes ☒ No Ok 24. SODA #:

Ok Defect Noted:

Physical Findings

**Set All Blank Items in 25 - 48 to Normal**

Item	Normal/Abnormal	Item	Normal/Abnormal
Ok 25. Head, face, neck, and scalp	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	Ok 37. Vascular system (Pulse, amplitude and character; arms, legs, others)	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal
X 26. Nose	<input type="radio"/> Normal <input checked="" type="radio"/> Abnormal	Ok 38. Abdomen and viscera (Including hernia)	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal
X 27. Sinuses	<input type="radio"/> Normal <input checked="" type="radio"/> Abnormal	Ok 39. Anus (Not including digital examination)	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal
Ok 28. Mouth and throat	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	Ok 40. Skin	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal
Ok 29. Ears, general (Internal and external canals; Hearing under item 49)	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	Ok 41. G-U system (Not including pelvic examination)	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal
Ok 30. Ear Drums (Perforation)	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	Ok 42. Upper and lower extremities (Strength and range of motion)	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal
Ok 31. Eyes, general (Vision under items 50 to 54)	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	Ok 43. Spine, other musculoskeletal	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal
Ok 32. Ophthalmoscopic	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	X 44. Identifying body marks, scars, tattoos (Size and location)	<input type="radio"/> Normal <input checked="" type="radio"/> Abnormal
Ok 33. Pupils (Equality and reaction)	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	Ok 45. Lymphatics	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal
Ok 34. Ocular motility (Associated parallel movement, nystagmus)	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	Ok 46. Neurologic (Tendon reflexes, equilibrium, senses, cranial nerves, coordination, etc.)	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal
Ok 35. Lungs and chest (Not including breast examination)	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	Ok 47. Psychiatric (Appearance, behavior, mood, communication, and memory)	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal
Ok 36. Heart (Precordial activity, rhythm, sounds, and murmurs)	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	Ok 48. General systemic	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal

See Comments Page to View and Update AME Comments for Items 25-48.

### 21. Height (in.)

Enter the applicant's height in inches. A valid height between 36 and 90 inches only will be accepted.

### 22. Weight (lbs.)

Enter the applicant's weight in pounds. A valid weight between 50 and 450 pounds only will be accepted.

### 23. Statement of Demonstrated Ability (SODA)

Select either the Yes or No radio button. If Yes is selected, you must enter the SODA number.

### 24. SODA #


Enter the SODA Serial number.

### Defect Noted

Enter defects noted.

## 25 thru 48. Physical Findings


Select either the *Normal* or *Abnormal* radio button for each of the items 25 thru 48. All items marked "abnormal" require a comment.

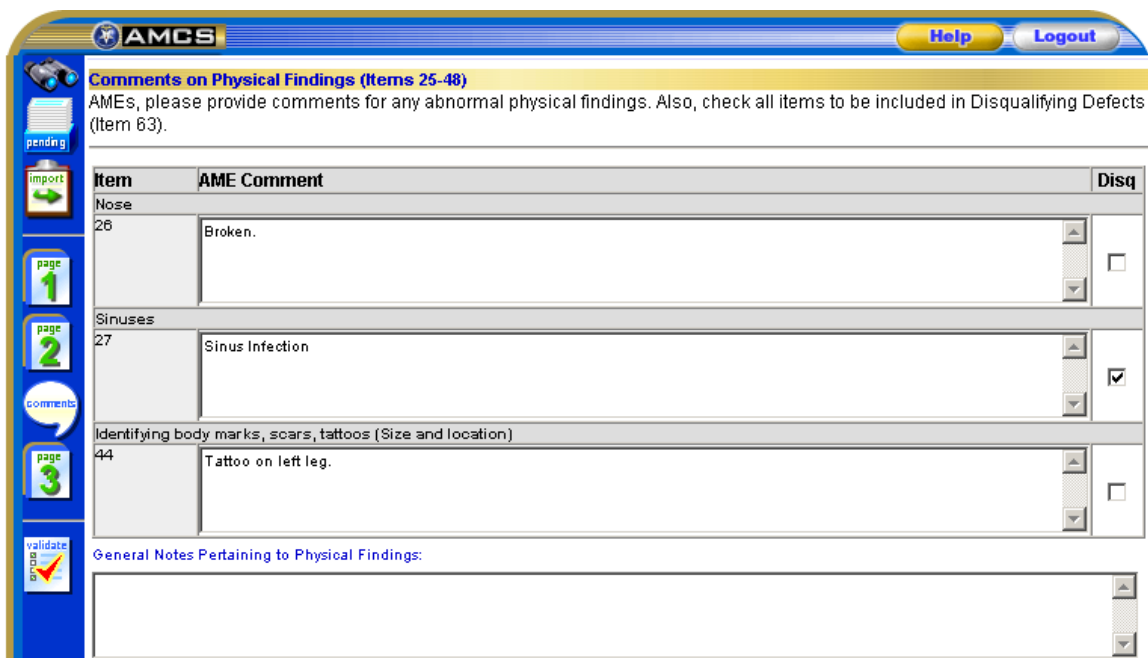
If all of the items are Normal you can click on the  button. Each item's *Normal* radio button will be selected. Items 39 and 41 should remain blank if the applicant is female.

Clicking on the  button will clear the "Normal" selections.

## Comments on Physical Findings

Comments that must be entered for physical findings, items 25 thru 48, where the *Abnormal* radio button was selected shall be entered into the top section of the Comments screen

Click on the  icon on the left side of the page and enter comments in the AME comment area of the screen that will launch. If item is disqualifying the AME should check the box beside the item number.



**AMCS** [Help](#) [Logout](#)

**Comments on Physical Findings (Items 25-48)**  
AMEs, please provide comments for any abnormal physical findings. Also, check all items to be included in Disqualifying Defects (Item 63).

Item	AME Comment	Disq
<b>Nose</b>		
26	Broken.	<input type="checkbox"/>
<b>Sinuses</b>		
27	Sinus Infection	<input checked="" type="checkbox"/>
<b>Identifying body marks, scars, tattoos (Size and location)</b>		
44	Tattoo on left leg.	<input type="checkbox"/>

General Notes Pertaining to Physical Findings:

## ITEMS 49 THRU 58

**X 49. Hearing**

Conversational Voice Test at 6 Feet: ☐ Pass ☐ Fail

Speech Discrimination:

Audiometer (Threshold in decibels)

Right 500:  Right 1000:  Right 2000:  Right 3000:  Right 4000:

Left 500:  Left 1000:  Left 2000:  Left 3000:  Left 4000:

---

**50. Distant Vision**      **51a. Near Vision**      **51b. Intermediate Vision**

X Right 20/ <input type="text"/> Corrected to 20/ <input type="text"/>	X Right 20/ <input type="text"/> Corrected to 20/ <input type="text"/>	Ok Right 20/ <input type="text"/> Corrected to 20/ <input type="text"/>
X Left 20/ <input type="text"/> Corrected to 20/ <input type="text"/>	X Left 20/ <input type="text"/> Corrected to 20/ <input type="text"/>	Ok Left 20/ <input type="text"/> Corrected to 20/ <input type="text"/>
X Both 20/ <input type="text"/> Corrected to 20/ <input type="text"/>	X Both 20/ <input type="text"/> Corrected to 20/ <input type="text"/>	Ok Both 20/ <input type="text"/> Corrected to 20/ <input type="text"/>

**X 52. Color Vision:** ☐ Pass ☐ Fail      **X 53. Field of Vision:** ☐ Normal ☐ Abnormal      **54. Heterophoria 20' (in prism diopters)**

☐ Esophoria:  ☐ Exophoria:  ☐ R. Hyperphoria:  ☐ L. Hyperphoria:

---

**55. Blood Pressure**      **56. Pulse:**      **X 57. Urine Test (if abnormal, give results):**

X Systolic:  X Diastolic:  X  ☐ Normal ☐ Abnormal X Albumin:  X Sugar:

**58. ECG Date:**

## 49. HEARING

### NOTE

Applicant must pass at least one test (Conversational, Speech Discrimination or Audiometer). AME comments are required in block 60 for failure to pass.

### Conversational Voice at 6 Feet

Select either the *Pass* or *Fail* radio button. The applicant must demonstrate hearing of an average conversational voice in a quiet room, using both ears, at 6 feet, with the back turned to the Examiner in order to pass.

### Speech Discrimination

Enter the speech discrimination result in the box provided. The applicant must score at least 70 percent at intensity no greater than 65 dB in either ear in order to pass.

### Audiometer (Threshold in Decibels)

Enter the Audiometer results in the appropriate boxes. The applicant's results should be better than or meet the following audiometric standards in order to pass.

Frequency (Hz)	500 Hz	1000 Hz	2000 Hz	3000 Hz
Better ear (dB)	35	30	30	40
Poorer ear (dB)	35	50	50	60

## **50. Distant Vision**

Enter the distance vision results in the appropriate boxes. Distant vision standards can vary depending on exam type and class of certificate being applied for. Reference the AME Guide for the appropriate standards if necessary. AME comments are required in block 60 for out of range distant vision results.

## **51a. Near Vision**

Enter the near vision (at 16 inches) results in the appropriate boxes. Near vision standards can vary depending on exam type and class of certificate being applied for. Reference the AME Guide for the appropriate standards if necessary. AME comments are required in block 60 for out of range near vision results.

## **51b. Intermediate Vision**

Enter the intermediate vision (at 32 inches) results in the appropriate boxes. Intermediate vision standards can vary depending on exam type and class of certificate being applied for. Reference the AME Guide for the appropriate standards if necessary. AME comments are required in block 60 for out of range intermediate vision results.

## **52. Color Vision**

Select either the *Pass* or *Fail* radio button. Errors that would keep an applicant from meeting the color vision standards are listed in the AME Guide. AME comments are required in block 60 if applicant fails color vision test.

## **53. Field of Vision**

Select either the *Normal* or *Abnormal* radio button. The AME Guide describes different methods of determining whether or not the applicant's field of vision is within a normal range. AME comments are required in block 60 if field of vision results are abnormal.

## **54. Heterophoria 20' (In Prism Diopters)**

Enter the Heterophoria test results in the boxes provided. Heterophoria standards can vary depending on exam type and class of certificate being applied for. Reference the AME Guide for the appropriate standards if necessary. AME comments are required in block 60 for test results that exceed the specified standards.

## **55. Blood Pressure**

Enter the Systolic and Diastolic blood pressure readings in the boxes provided. The average blood pressure while sitting should not exceed 155 mm mercury systolic and 95 mm mercury diastolic maximum pressure for all classes. AME comments are required in block 60 if blood pressure readings are above specified limits.

## **56. Pulse**

Enter the pulse reading in the box provided. There is no specified pulse rate that is considered disqualifying. However, abnormal pulse rates may be reason to conduct additional cardiovascular system evaluation and deferral may be indicated. AME comments are required in block 60 for abnormal pulse rates.

**57. Urine Test (If Abnormal, Give Results)**

Select either the *Normal* or *Abnormal* radio button. If Abnormal is selected, you must enter the Albumin and Sugar results in the boxes provided. You may also enter Albumin and Sugar results for normal urinalysis if desired. Reference the AME Guide for the most common conditions of aeromedical significance, and course of action that should be taken by the Examiner. AME comments are required in block 60 if results are abnormal.

**58. ECG Date**

Enter the date of the applicant's most recent ECG, if applicable in the (MM/DD/YYYY) format. Reference the AME Guide for the regulations regarding which applicant's require ECGs and how often. The date entered must be a valid date, no later than today's date, and no earlier than the 19<sup>th</sup> century.



## ITEMS 59 THRU 64

Ok 59. Other Tests Given:

Ok 60. Comments on History and Findings (See Comments Page to View and Update Comments.)

Ok Significant Medical History: ☐ Yes ☒ No

Ok Abnormal Physical Findings: ☐ Yes ☒ No

Ok 62. Has Been Issued: ☐ Medical Certificate

☒ Medical and Student Pilot Certificate

☐ No Certificate Issued - Deferred for Further Evaluation

☐ Has Been Denied - Letter of Denial Issued (Copy Attached)

Ok 63. Please note any Disqualifying Defects by checking the "Disq." Box on the comments page:  
Disqualifying Defects: 17 a, 18b, 27, 31

64. Medical Examiner's Declaration - I hereby certify that I have personally reviewed the medical history and personally examined the applicant named on this medical examination report. This report with any attachment embodies my findings completely and correctly.

Ok Medical Exam Date: 02/02/2009

X AME Declaration: ☐ Yes ☐ No

Save

Previous Page


Next Page

### 59. Other Tests Given

Enter any additional medical information in the box provided. Additional medical information may be furnished through additional history taking, further clinical examination procedures and supplemental laboratory procedures. AME comments are required in Block 60 when additional information is obtained.

## 60. Comments on History and Findings

Comments that must be entered for the Yes answers in the applicant's medical history and for out of range or abnormal results for items 17.a., 17.b., 19, 49, 50, 51.a., 51.b., 52 thru 57 and 59. shall be entered in the bottom section of the Comments screen

Click on the  icon on the left side of the page and enter comments in the AME comment area of the screen that will launch. If item is disqualifying the AME should check the box beside the item number.

**Comments on Medical History and Abnormal Findings**  
Please enter applicant and AME comments for all "YES" answers in the Medical History section. Also, please enter AME comments for all abnormal findings of the examination. Check all items to be included in 63. Disqualifying Defects.

Item	Applicant Explanation or Item Description	AME Comment (Item 60)	Disq
Do You Currently Use Any Medication			
17 a	SERZONE	Comment.	<input checked="" type="checkbox"/>
Unconsciousness for any reason			
18 c	Knocked out playing football.	Comment.	<input type="checkbox"/>
Blood Pressure			
55	Does Not Meet Standards		<input type="checkbox"/>
Other Tests Given			
59	Comment on Other Tests		<input type="checkbox"/>
General Explanations by Airman Pertaining to Medical History:			
<div></div>			
Additional AME Comments:			
<div></div>			

Save

Previous Page

Next Page

### Significant Medical History

Select the Yes or No radio button.

### Abnormal Physical Findings

Select the Yes or No radio button.

## Certificate Eligibility Warning

Each exam is validated against the applicant's medical history in the DIWS. If the applicant has had a previous exam denial, a prior exam submitted within the past 90 days, or has a pending legal action a Certificate Eligibility Warning will appear above Item 62 recommending that you not issue a certificate.

Certificate Eligibility Warning	
Due to one or more of the following issue(s) related to this applicant, the FAA recommends that you do not issue a medical certificate or Student Medical Certificate. The potential issues include:	
<ul style="list-style-type: none"><li>- Previous exam denial</li><li>- Prior exam submitted within the past 90 days</li><li>- Pending legal action</li></ul>	
For additional information, please contact Medical Certification at (405)954-4821.	
Ok 62. Has Been Issued: <input checked="" type="radio"/> Medical Certificate	<input type="radio"/> No Certificate Issued - Deferred for Further Evaluation
<input type="radio"/> Medical and Student Pilot Certificate	<input type="radio"/> Has Been Denied - Letter of Denial Issued (Copy Attached)

## 62. Has Been Issued (Certificate Status)

Select the appropriate radio button to indicate what type of certificate was issued or to indicate whether or not the certificate was deferred or denied. The applicant must meet the minimum age requirement (16 years) in order for a Medical and Student Pilot Certificate to be issued.

## 63. Disqualifying Defects

Items that an AME checks as disqualifying in the applicable areas of the Comments screen will be listed by item number (e.g., 18v, 44, 53).



**64. Medical Examiner's Declaration** – I hereby certify that I have personally reviewed the medical history and personally examined the applicant named on this medical examination report. This report with any attachment embodies my findings completely and correctly.

## Medical Exam Date


Enter the date of the examination in the (MM/DD/YYYY) format. The date entered must be a valid date, no later than today's date, and no earlier than the 19<sup>th</sup> century.

## AME Declaration

Select the *Yes* or *No* radio button. Yes indicates that the AME has read the declaration and has signed the 8500-8 application.

Clicking on the  button at the bottom right of the screen will take you to the Comments screen. Enter any necessary comments and click on the  button at the bottom right of the Comments screen to proceed to Page 3 of the Form 85008-Data Entry screens.

-OR-

Click on the  icon at the top left of the screen. Information entered on Page 2 will be saved and you will be taken to Page 3 of the Form 8500-8 Data Entry screens.

## Comments Screen

The Comments screen was designed to provide a central location in which to enter explanations and comments pertaining to an applicant's medical history, comments related to any abnormal physical findings and comments for other out of range or abnormal results.

**AMCS**
Help Logout

**Comments on Physical Findings (Items 25-48)**

AMES, please provide comments for any abnormal physical findings. Also, check all items to be included in Disqualifying Defects (Item 63).

Item	AME Comment	Disq
<b>Nose</b>		
26	Broken.	<input type="checkbox"/>
<b>Sinuses</b>		
27	Sinus infection.	<input checked="" type="checkbox"/>
<b>Identifying body marks, scars, tattoos (Size and location)</b>		
44	Tattoo on left leg.	<input type="checkbox"/>

General Notes Pertaining to Physical Findings:

**The following changes have been made to Page 1 of the application and require AME comment**

Item	Modifications	AME Comment
17a	Any Medication changed from Y to Blank	
17a	Medication IMITREX has been deleted	
18a	18a changed from N to Y	
18c	18c changed from N to Y	

In checking the certification box immediately below, I certify that all modifications to the portion of this application completed by the applicant that are noted in this section were made by me in consultation with the applicant and with the applicant's full approval and authorization.

☒ Check here to certify.

**Comments on Medical History and Abnormal Findings**

Please enter applicant and AME comments for all "YES" answers in the Medical History section. Also, please enter AME comments for all abnormal findings of the examination. Check all items to be included in 63. Disqualifying Defects.

Item	Applicant Explanation or Item Description	AME Comment (Item 60)	Disq
<b>Frequent or severe headaches</b>			
18a	Migraines	none	<input checked="" type="checkbox"/>
<b>Unconsciousness for any reason</b>			
18c	Fell off a ladder and hit my head	none	<input type="checkbox"/>

General Explanations by Airman Pertaining to Medical History:

Additional AME Comments:

Save  
< Previous Page Next Page >

### **Comments on Physical Findings**

AME comments that must be entered for physical findings, items 25 thru 48, where the *Abnormal* radio button was selected shall be entered into the top section of the Comments screen.

### **Modifications to Page 1 of Imported Exams**

This section is for comments when an AME makes modifications to information on page 1 of an application imported via the FAA MedXPress. An AME must enter a comment for each modification before the exam can be submitted.

### **Applicant Explanations**

Applicant explanations that must be entered for medical history items where the Yes radio button was selected shall be entered into the bottom section of the Comments screen where applicable.

### **Comments on History and Findings**


AME comments that must be entered for the Yes answers in the applicant's medical history and for out of range or abnormal results for items 17.a., 17.b., 19, 49, 50, 51.a., 51.b., 52 thru 57 and 59, shall be entered in the bottom section of the Comments screen


## Form 8500-8 Data Entry Screen Page 3


Page 3 of the Form 8500-8 Data Entry screens was designed to present itself as Certificate Issued or No Certificate Issued as applicable and is where the AME will submit the exam to the DIWS database.


Page 3 (Certificate Issued) can present itself in three different ways depending on whether a certificate was printed prior to exam submission and whether or not the applicant has medical history issues in DIWS that suggest a certificate should not be issued at this time.


### FUNCTIONS:


**Search Icon**  – Takes you to the Search Applicants screen where you can choose whether to add an exam for a new applicant or search for an existing applicant in order to add an exam to the applicant's record or to review the applicant's previous exams.

**Pending Icon**  – Takes you to the Pending Exams screen, which displays exams performed by the AME's office in a pending status.


**Import Icon**  – Takes you to the Import Application screen, where you can search for exam application information entered by an applicant via the FAA's MedXPress system.


**Page 1 Icon**  – Selecting this icon, when displayed in green, will save any newly entered or updated information and take you to page 1 of the data entry screens.

**Page 2 Icon**  – Selecting this icon, when displayed in green, will save any newly entered or updated information and take you to page 2 of the data entry screens.


**Comments Icon**  – Takes you to the Comments page where you can enter comments for Yes radio button selections for Item 18, Medical History, selections a. thru x; for *Abnormal* radio button selections made for the Physical Findings, Items 25 thru 48; and for out of range or abnormal results for items 17.a., 17.b., 19, 49, 50, 51.a., 51.b., 52 thru 57 and 59.


**IMPORTANT:** A section for comments when an AME makes modifications to information on page 1 of an application imported via the FAA MedXPress is provided. An AME must enter a comment for each modification before the exam can be submitted.


**Page 3 Icon**  – This icon, when displayed in blue, indicates that you are on page 3 of the data entry screens.


**Validate Icon**  – Selecting this icon will save any newly entered or updated information, validate that information and display a list of errors if applicable.

**Save**  – Selecting this button will save any newly entered or updated information.

**Previous Page**  – Selecting this button will save any newly entered or updated information and take you back to page 2 of the data entry screens.

**Submit Exam**  - Selecting this button will perform a final validation of the exam information, which will launch either a window depicting the fields that contain an error or a window displaying a message that the exam submitted successfully along with a **Preview Cert.** button if you are issuing a certificate and have not printed it yet.

**Help**  - Provides information about the screen's functionality.

**Logout**  - Logs you out and returns you to the Login screen.



## NO CERTIFICATE ISSUED

The screenshot displays the AMCS (Automated Medical Certification System) interface. The top header includes the AMCS logo and 'Help' and 'Logout' buttons. The main content area is divided into sections. The top section displays 'UNITED STATES OF AMERICA', 'Department of Transportation', and 'Federal Aviation Administration'. To the right, it shows 'Ok Certificate/Form No.: FF 9986899'. Below this, a message states 'No certificate will be issued by the AME.' The bottom section contains 'Date of Examination: 05/15/2008' and 'Examiner's Designation No.: 29'. On the left side, there is a vertical navigation bar with icons for 'pending', 'import', 'page 1', 'page 2', 'page 3', 'comments', and 'validate'. On the right side, there are buttons for 'Save', 'Previous Page', and 'Submit Exam'.

UNITED STATES OF AMERICA Department of Transportation Federal Aviation Administration		Ok Certificate/Form No.: FF 9986899
No certificate will be issued by the AME.		
Date of Examination 05/15/2008	Examiner's Designation No. 29	

If No Certificate Issued –Deferred for Further Evaluation, Has Been Denied – Letter of Denial Issued (Copy Attached) or FAA ATC–Deferred – No Certificate Issued under Certificate Status was selected on Page 2 of the Form 8500-8 Data Entry screens, a screen indicating that no certificate will be issued by the AME will launch.

## CERTIFICATE ISSUED

The screenshot shows the AMCS (Aviation Medical Certification System) interface. The top bar includes the AMCS logo, a 'Help' button, and a 'Logout' button. The main form is titled 'UNITED STATES OF AMERICA Department of Transportation Federal Aviation Administration'. It displays 'Ok Certificate/Form No.: 0000001'. The form is for a 'MEDICAL CERTIFICATE' (FIRST) and a 'CLASS AND STUDENT PILOT CERTIFICATE'. The certifier's name and address are 'FRANKIE CHUCKIE MCGINNYPIG, 4444 SW 4TH, OKLAHOMA CITY, OK 73165'. A table lists personal details: Date of Birth (04/20/1972), Height (72), Weight (175), Hair (BLOND), Eyes (GREEN), and Sex (M). A statement confirms the certifier has met the medical standards. A 'Limitations' section contains a table with checkboxes for various conditions, with 'None' selected. The bottom of the form shows the 'Date of Examination' (08/06/2008) and 'Examiner's Designation No.' (29). Navigation buttons include 'Save', 'Previous Page', and 'Submit Exam'. A sidebar on the left has icons for 'pending', 'import', 'page 1', 'page 2', 'comments', 'page 3', and 'validate'.

UNITED STATES OF AMERICA  
Department of Transportation  
Federal Aviation Administration

Ok Certificate/Form No.: 0000001

MEDICAL CERTIFICATE FIRST CLASS AND STUDENT PILOT CERTIFICATE

This certifies that (Full name and address):  
FRANKIE CHUCKIE MCGINNYPIG  
4444 SW 4TH  
OKLAHOMA CITY, OK 73165

Date of Birth	Height	Weight	Hair	Eyes	Sex
04/20/1972	72	175	BLOND	GREEN	M

has met the medical standards prescribed in Part 67, Federal Aviation Regulations, for this class of Medical Certificate.

Limitations

Code	Description
<input checked="" type="checkbox"/> 0	None
<input type="checkbox"/> 1	Must have available glasses for near vision.
<input type="checkbox"/> 2	Must wear corrective lenses.
<input type="checkbox"/> 3	Must wear corrective lenses for near and distant vision.
<input type="checkbox"/> 4	Must wear lenses for distant, have glasses for near vision.
<input type="checkbox"/> 6	Must wear prismatic correction.
<input type="checkbox"/> 9	Must use hearing amplification.
<input type="checkbox"/> 10	Must wear artificial limb.
<input type="checkbox"/> 11	Oxygen required when flying above 7,999 feet.
<input type="checkbox"/> 12	Passenger? carrying prohibited

Date of Examination: 08/06/2008  
Examiner's Designation No.: 29

Save  
Previous Page  
Submit Exam

If *Medical Certificate* or *Medical and Student Pilot Certificate* under Certificate Status was selected on Page 2 of the Form 8500-8 Data Entry screens, the Medical Certificate screen will launch allowing you to update the certificate information if necessary.

**\*\*\*IMPORTANT\*\*\*** If a certificate has already been printed using the **Cert** button on Page 1, no changes should be made to the certificate information at this point. If the data being submitted does not match the data that was printed on the certificate, the exam will not submit and a **Certificate Data Mismatch Verification** screen will launch.

### Medical Certificate Class

Select the appropriate classification granted from the drop down list provided.

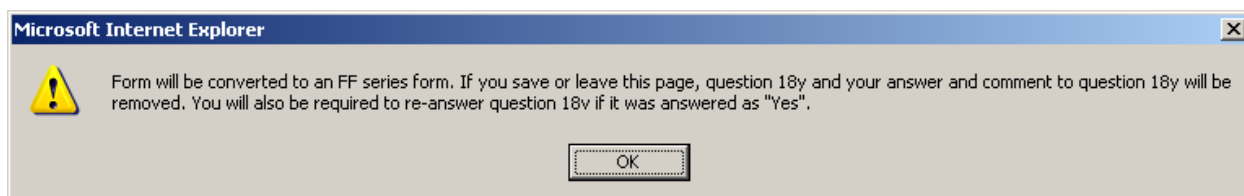
### Limitations

Select the limitation(s) that apply.

## Certificate/Form Number

This field will automatically populate with a GX-\*\*\*\*\* computer generated number if the exam was transmitted via the FAA's MedXPress system and the digits will be read-only. (Exams that were imported prior to the new release will have an FX prefix.) If the exam information is being entered from the AME's office the FF-\*\*\*\*\* or GG-\*\*\*\*\* number from the paper 8500-8 form should be entered.

If an AME needs to use a paper 8500-8 form to issue a certificate to an applicant whose exam was imported via the MedXPress system and only has the FF-series paper forms available, the form number can be changed from GX to FF. Changing the form number will cause the electronic form to convert to an FF series form, thereby removing question 18.y and any comment that may have applied. It will also require you to re-answer question 18.v if it was answered "Yes" prior to the form conversion. You will receive the following warning message if you convert to an FF series form.




The form number can also be changed from FX to GG and a paper 8500-8 form used to issue a certificate to an applicant whose exam was imported via the MedXPress system. Changing the form number will cause the electronic form to convert to a GG series form, thereby adding question 18.y that will need to be answered. It will also require you to re-answer question 18.v if it was answered "No" prior to the form conversion. You will receive the following warning message if you convert to a GG series form.



## Certificate Data Mismatch Verification

This screen launches if information printed on the certificate issued pre-submission has changed or if you have selected deferred or denied in block 62 and you are now trying to submit the exam. AMCS will not allow you submit the exam without a comment in the box provided or a correction of the changed data.

**Federal Aviation  
Administration**

**AMCS** Aerospace Medical Certification System  
Certificate Data Mismatch Verification

Current  
◦ Page 1  
◦ Page 2  
◦ Comments  
◦ Page 3  
Exams  
◦ Pending  
◦ Search  
◦ Import  
AMCS  
◦ Help  
◦ Logout

**Data Mismatches**

The following data mismatches have been detected between what was printed on the Medical Certificate, and what you are about to submit. You can return to the exam and correct the data, or enter a comment and continue with the submission of this exam.

Height does not match printed certificate (86).  
Weight does not match printed certificate (165).  
Limitations selected does not match printed certificate (0).

**Submission Comment**

Return to Page 1

Continue Submission

## Certificate Issued With Certificate Eligibility Warning

Each exam is validated against the applicant's medical history in the DIWS. If the applicant has had a previous exam denial, a prior exam submitted within the past 90 days, or has a pending legal action, a Certificate Eligibility Warning will appear above Item 62 recommending that you not issue a certificate. If the AME has decided to issue anyway the warning will be shown again prior to submission. If the AME decides to continue to ignore the warning a screen will launch requiring the reasons for issuance against the warnings be explained.

AMCS

Help

Logout

UNITED STATES OF AMERICA  
Department of Transportation  
Federal Aviation Administration

Ok Certificate/Form No.: FF 9387495  
FF  
GG

MEDICAL CERTIFICATE FIRST CLASS

This certifies that (Full name and address):  
FRANK CHARLES MCGINNYPIG  
4424 SW 55th  
Oklahoma City, OK 73160

Date of Birth	Height	Weight	Hair	Eyes	Sex
07/15/1970	60	325	BLOND	GREEN	M

has met the medical standards prescribed in Part 67, Federal Aviation Regulations, for this class of Medical Certificate.

Limitations

Code	Description	
<input type="checkbox"/> 0	None	
<input checked="" type="checkbox"/> 1	Must have available glasses for near vision.	
<input type="checkbox"/> 2	Must wear corrective lenses.	
<input type="checkbox"/> 3	Must wear corrective lenses for near and distant vision.	
<input type="checkbox"/> 4	Must wear lenses for distant, have glasses for near vision.	
<input checked="" type="checkbox"/> 5	Must wear prismatic correction.	
<input type="checkbox"/> 9	Must use hearing amplification.	
<input type="checkbox"/> 10	Must wear artificial limb.	
<input type="checkbox"/> 11	Oxygen required when flying above 7,999 feet.	
<input type="checkbox"/> 12	Passenger? Learning prohibited.	

Date of Examination  
03/01/2008

Examiner's Designation No.  
29

Save

Previous Page

Certificate Eligibility Warning

Due to one or more of the following issue(s) related to this applicant, the FAA recommends that you do not issue a medical certificate or Student Medical Certificate. The potential issues include:  

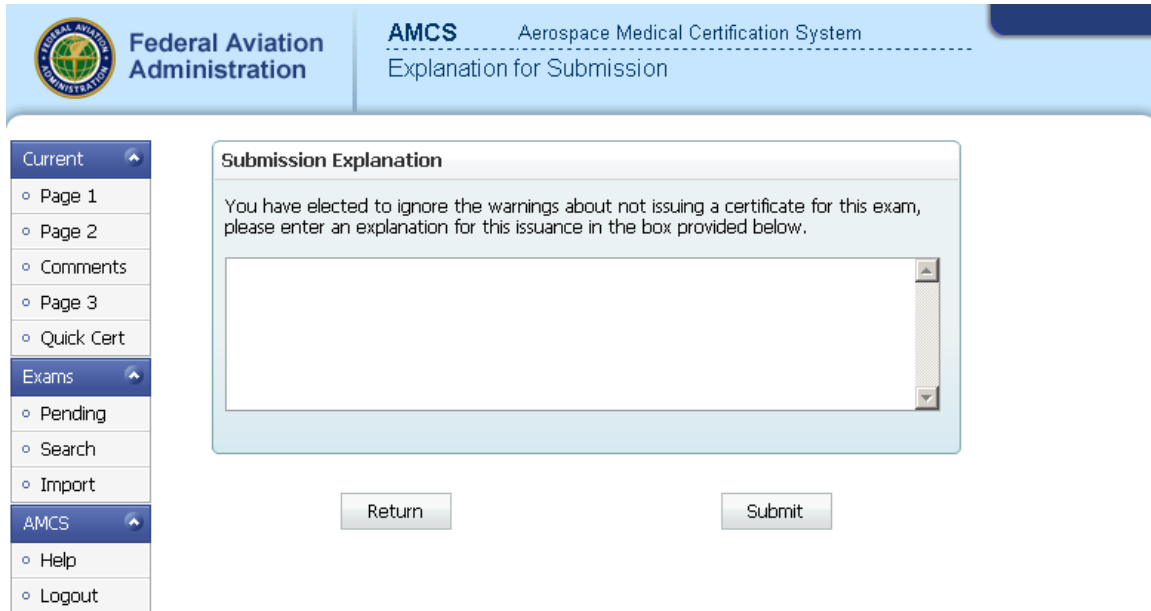
- Previous exam denial
- Prior exam submitted within the past 90 days
- Pending legal action

For additional information, please contact Medical Certification at (405)954-4821.

Submit Exam

## Explanation for Submission

If the decision has been made to ignore the warnings and issue a certificate anyway the Explanation for Submission screen will launch requiring the AME to enter an explanation for the issuance before AMCS will allow submission of the exam.



The screenshot displays the 'Explanation for Submission' interface within the AMCS (Aerospace Medical Certification System). The top header features the Federal Aviation Administration logo and the AMCS title. A left-hand navigation menu includes sections for 'Current' (Page 1, Page 2, Comments, Page 3, Quick Cert), 'Exams' (Pending, Search, Import), and 'AMCS' (Help, Logout). The main content area, titled 'Submission Explanation', contains a message about ignoring warnings and a large text input box. At the bottom, there are 'Return' and 'Submit' buttons.

**Federal Aviation Administration**

**AMCS** Aerospace Medical Certification System

Explanation for Submission

**Current**

- Page 1
- Page 2
- Comments
- Page 3
- Quick Cert

**Exams**

- Pending
- Search
- Import

**AMCS**

- Help
- Logout

**Submission Explanation**

You have elected to ignore the warnings about not issuing a certificate for this exam, please enter an explanation for this issuance in the box provided below.

Return Submit

## EXAM SUBMISSION CONFIRMATION

Once all of the necessary data has been entered, click on the **Submit Exam** button on the bottom of Page 3 of the Form 8500-8 Data Entry screens.

If the data does NOT pass the final validation stage, error messages will display at the top of the page. Clicking on the error will take you to the appropriate page of the Form 8500-8 Data Entry screens so you can correct the error.

The screenshot shows the AMCS (Automated Medical Certification System) interface. At the top, there's a header with 'AMCS' and buttons for 'Help' and 'Logout'. Below the header, a section titled 'VALIDATION ISSUES AND ERROR MESSAGES' displays a message: 'The following validation error(s) have been found. Click the appropriate link to navigate to the error.' Below this, a link is provided: '55. Blood Pressure does not meet standards. AME comment is required for exam submission.' The main form area shows the applicant's information: 'UNITED STATES OF AMERICA', 'Department of Transportation', 'Federal Aviation Administration'. It includes a 'MEDICAL CERTIFICATE' section with a dropdown for 'FIRST' and a 'CLASS' dropdown. Below this, it states: 'This certifies that (Full name and address): FRANK CHUCK MCGINNYPIG JR, 4444 SW 4TH, OKLAHOMA CITY, OK 73165'. A table lists personal details: Date of Birth (04/20/1970), Height (72), Weight (180), Hair (BLOND), Eyes (GREEN), and Sex (M). Below the table, it says 'has met the medical standards prescribed in Part 67, Federal Aviation Regulations, for this class of Medical Certificate.' At the bottom, there's a 'Limitations' section with a table for 'Code' and 'Description', showing 'None'.

If all of the data passes the final validation stage, a Confirmation screen will appear displaying a message indicating that the exam was submitted successfully along with the Exam Date, Applicant ID number, MID number, applicant's DOB and SSN as well as the applicant's name and address.

The screenshot shows the AMCS interface displaying a confirmation message: 'The Exam was submitted successfully.' Below this, a table lists the following information: Exam Date: 04/15/2008, Applicant ID: 2001529996, MID: 200003384641, DOB: 06/01/1980, and SSN: 888-05-7375. Below the table, the applicant's name and address are listed: 'DONNATELLO T TURTLE, 2695 Sewer Lane, Midwest City, OK 73110'. At the bottom right, there are two buttons: 'Display Summary' and 'Preview Cert.'.


The MID number uniquely identifies this examination within the DIWS database. The Applicant ID uniquely identifies the individual within the DIWS database. These numbers should be included on all correspondence associated with this application as it will allow the FAA to quickly locate an airman's record.

Clicking the **Display Summary** button presents a summary of the completed Form 8500-8.

Clicking the **Preview Cert.** button launches the Medical Certificate Preview page where the medical certificate can be reviewed and then printed.

## Medical Certificate Preview

Clicking on the **Preview Cert.** button on the bottom of the Confirmation screen will launch this screen. If the certificate is accurate, click on the **Print Certificate** button and make the necessary print selections. Once the certificate has printed, select where in AMCS you would like to return to using the links on the left side of the page.

**Federal Aviation  
Administration**

**AMCS** Aerospace Medical Certification System  
Medical Certificate - Preview

Current  
Confirmation

Exams  
Pending  
Search  
Import

AMCS  
Help  
Logout

**Certificate Sample**

UNITED STATES OF AMERICA  
**Department of Transportation**  
Federal Aviation Administration

**FF-9191991**

**MEDICAL CERTIFICATE FIRST CLASS  
AND STUDENT PILOT CERTIFICATE**

This certifies that (Full name and address):  
LEONARDO T TURTLE  
2634 Sewer Avenue  
Oklahoma City OK 73165 USA

Date of Birth	Height	Weight	Hair	Eyes	Sex
05/15/1982	68	150	BALD	BLACK	M

has met the medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate.

Limitations  
None

Date of Examination  
04/16/2008

Examiner's Designation No.  
00029

Examiner  
Signature

Typed Name  
WARREN S. SILBERMAN, DO

AIRMAN'S SIGNATURE

Applicant ID: 2001529997

Control No.: 200003384642

FAA Form 8420-2 (3-99) Supersedes Previous Edition NSN: 0052-00-670-7002

Print Certificate